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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/027,010	
	Filing Date	12/21/2001	
	First Named Inventor	Gregory L. Renda	
	Art Unit	2142	
	Examiner Name	Shah, Kamini	
Total Number of Pages in This Submission	7	Attorney Docket Number	1270

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles E. Gottlieb
Signature	
Date	March 6, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Arlington, VA 22313-1450 on the date shown below.			
Typed or printed name	Charles E. Gottlieb		
Signature		Date	March 6, 2006

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 310)

Complete if Known

Application Number	10/027,010
Filing Date	12/21/2001
First Named Inventor	Gregory L. Renda
Examiner Name	Shah, Kamini
Art Unit	2142
Attorney Docket No.	1270

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number 07-1738

Deposit Account Name Charles E. Gotlieb

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 1000	2001 500	Utility filing/search/exam	
1002 350	2002 175	Design filing/search/exam	
1003 550	2003 275	Plant filing/search/exam	
1004 790	2004 395	Reissue filing/search/exam	
1005 200	2005 100	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims 26	- 26** =		
Multiple Dependent Claims 4	- 4** =		

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 88	2204 44	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge-late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2520	1812 2520	For filing a request for ex parte reexamination	
1804 920	1804 920	Requesting publication of SIR prior to Examiner action	
1805 1840	1805 1840	Requesting publication of SIR after Examiner action	
1251 120	2251 60	Extension for reply within first month	60
1252 450	2252 225	Extension for reply within second month	
1253 1020	2253 510	Extension for reply within third month	
1254 1590	2254 795	Extension for reply within fourth month	
1255 1890	2255 1080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	250
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1000	2403 500	Request for oral hearing	
1451 1510	1451 1510	Petition to institute a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable	
1453 1500	2453 750	Petition to revive - unintentional	
1501 1400	2501 700	Utility issue fee (or reissue)	
1502 800	2502 400	Design issue fee	
1503 1100	2503 550	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

310

SUBMITTED BY

Name (Print/Type)	Charles E. Gotlieb
Signature	

Registration No. (Attorney/Agent)

38,164

(Complete (if applicable))

Telephone

650-328-0100

Date

3/6/2006

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be included on this form. Provide credit card information and authorization on PTO-2038.

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